HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 514I.5, the Department of Human Services proposes to amend Chapter 86, "Healthy and Well Kids in Iowa (HAWK-I) Program," Iowa Administrative Code.

The proposed amendment changes the definition of "client error" used in the recovery of overpayments to include the failure of an enrollee to report correct information or changes in family circumstances. The Department would not have to prove the client's negligence or intent to defraud the program in order to recover premiums that were incorrectly paid. This change will bring the HAWK-I definition of "client error" in line with that used in the Medicaid and Family Investment programs.

This amendment does not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

Any interested person may make written comments on the proposed amendment on or before March 30, 2010. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Analysis and Appeals, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

This amendment is intended to implement Iowa Code chapter 514I.

The following amendment is proposed.

Amend subrule **86.19(1)**, definition of "Client error," as follows:

"Client error" means an intentional or negligent any action or inaction attributed to the enrollee that results in incorrect payment of benefits, including premiums paid to a health or dental plan, because the enrollee or the enrollee's representative:

- 1. Failed to disclose information or gave a false or misleading statement, oral or written, regarding income or another eligibility factor; or
 - 2. Failed to timely report a change as defined in rule 441—86.10(514I).